

**DEPARTMENT OF RESOURCES RECYCLING AND RECOVERY**801 K STREET, MS 19-01, SACRAMENTO, CALIFORNIA 95814 • (916) 322-4027 • [WWW.CALRECYCLE.CA.GOV](http://WWW.CALRECYCLE.CA.GOV)

February 3, 2011

**To:** All Prospective Contractors

**RE:** "Tire-Derived Product Business Assistance Program: Technical Assistance Grants Contract, DRR10032"

**Addendum No. 2**  
**To the Request for Proposal (RFP) Secondary Method DRR10032**

1. Please disregard the instructions from Addendum 1 regarding use of the "Sample Budget Template for Scenarios B.1 and B.2". Instead, please use Attachment B (Revised 1/20/11) for Scenario's B.1 and B.2 and label them accordingly. To clarify proposers will be required to turn in a total of 3 Cost Proposal Sheets (Attachment A-Rate Sheet, 2 copies of Attachment B labeled B.1 and B.2).
2. The Proposal Completion Checklist (Attachment G) is revised as shown in the attached.

All other terms, conditions, and requirements of this RFP will remain the same.

If you have any questions relating to this RFP process, please contact me by e-mail at [contracts@calrecycle.ca.gov](mailto:contracts@calrecycle.ca.gov).

Sincerely,

*{Original Signed By}*

Shelly Lewis  
Contract Analyst  
Administrative Services Branch

Attachments



Proposal Cost Sheet - **Revised**  
**Tire Derived Product Business Assistance Program: Technical Assistance Grants Contract**  
**DRR10032**

Complete this form and submit the original in accordance with the requirements of this RFP. Provide a description of the tasks to be performed (based on your methodology), identify the team members whose services will be utilized in completing the specified task, identify the hourly rates using the Total Hourly Rates (column F) identified on the Cost Proposal Sheet (Rate Sheet) (Attachment A), identify the estimated hours of service to be provided by each team member for the specified task description. ~~Do not include All~~ travel, lodging or food costs since these costs are subject to the approved State per diem rates. Add additional rows as necessary.

Contractor/Company Name:

<b>Column 1</b>	<b>Column 2</b>				<b>Column 3</b>	<b>Column 4</b>	<b>Column 5</b>
<b>Detailed Description of Services to be Provided:</b> Description of services to be provided by each person listed in Column 2	<b>Personnel Services:</b> Include name/position title, hourly rate [from Column F of Attachment A Cost Proposal Sheet (Rate Sheet)] and estimated number of hours to complete all tasks identified in the RFP.				<b>Operating Expenses</b> description and cost of operating expenses related to the services detailed in Column 1, including rent and supplies, as applicable. If not tied to a particular person, place in a separate row.	<b>Other</b> Any other specific breakdown required to sufficiently explain the budget costs for services described in Column 1. If not tied to a particular person, place in a separate row.	<b>Total by Row</b>
	Name/ Position	\$/Hr	Hrs	Total \$			
<b>Total by Line Item (Total by column)</b>	Sum Column Total \$ --->						<b>GRAND TOTAL</b>



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**Acknowledgement/Authorization**

The undersigned acknowledges the submittal of this proposal constitutes an irrevocable offer for a ninety (90) day period for the CALRECYCLE to award a Contract. Additional acknowledgement is made of receipt of all competitive documents, including Addenda, relating to this Contract.

The undersigned acknowledges that the Proposer has read all of the requirements set forth in CALRECYCLE documents and will comply with said provisions.

The undersigned hereby authorizes and requests any person, firm, agency, or corporation to furnish any information requested by the CALRECYCLE in verification of the recitals comprising this Proposal and also hereby authorizes the CALRECYCLE to contact such persons, firms, etc., in order to obtain information regarding the undersigned.

The undersigned acknowledges that there are no potential conflicts of interest, as defined in Public Contract Code §§ 10410 and 10411, and Government Cod § 87100, and this RFP by the submitting firm and/or any subcontractors listed in the Proposal.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name & Title of Authorized  
Representative:

Contractor Name:

Address:

Telephone #:

City, State Zip:

Email:

Signature of Authorized Representative:

Date Signed:

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## ***Proposal Completion Checklist***

Please use this checklist to assist in the preparation of your Proposal package to ensure that all required items are included.

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|--|---|
| <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Cover Letter with contact information and statements as required in the RFP.<br>Organizational information and Personnel Information (Resumes)<br>Proposal (detailed Work Plan)<br>Cost Proposal Sheet ( <u>Rate Sheet</u> ) ( <u>signed Acknowledgement/Authorization block</u> )<br><u>Scenario B.1 and B.2 Cost Sheets (with signed Acknowledgement/Authorization block)</u><br>Samples of Written Work<br>Client References<br>Copy of Required License(s) (Secretary of State)<br>Contractor Status Form<br>Small Business/Disabled Veteran Business Enterprise (DVBE) Participation Summary <u>Form</u><br><u>must be submitted even if participation levels are zero (write zero participation on form).</u><br>Darfur Contracting Act Certification |
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The following number of PROPOSAL packages must be submitted as the Contractor's response to this RFP:

- |  |  |
|--|--|
| <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> | One (1) unbound reproducible original Proposal package marked "Original"<br><br>Three (3) bound copies of the Proposal package marked "Copy".<br><br>One (1) Electronic copy of Proposal Package in Adobe Acrobat format with all documents in a single file, including all attachments. |
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The following form is only required upon submittal as applicable pursuant to the provisions outlined in Section III, Submittal Requirements:

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| <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> | Certification of Enterprise Zone Act Preference<br><br>Certification of Target Area Contract Preference Act<br><br>Certification of Local Military Base Recovery Area Act Preference |
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The following forms are not required at the time of the proposal submission but will be required by the successful contractor during the contract period:

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| <input type="checkbox"/><br><br><input type="checkbox"/> | Recycled Content Certification (Attachment F)<br><br>Payee Data Record (Standard Form 204) |
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***Please note that if any of the items are missing from the Proposal package, the package will be considered incomplete and will be disqualified from the process***

